



Building a Healthy Boston

Key Federal Concerns

Federal resources are essential for the work being done at the Boston Public Health Commission (BPHC). Currently, BPHC receives over \$36 million in federal funding. As the health department for the city of Boston, BPHC provides a range of services to residents and visitors of Boston, including emergency medical services, substance use disorder treatment services, shelter and case management for homeless individuals and home visiting programs that span the life course. In addition, our agency provides infectious disease surveillance, health data analysis and healthcare navigation services in collaboration with the city's robust healthcare provider network. As a leader in public health, we urge the new Administration and Congress to consider continuing to invest in improving health.

Child, Adolescent and Family Health

- **Boston Healthy Start Initiative** is a free program that is open to pregnant Black and Latina women. Women can stay enrolled in the program until their children are 2 years old. Case managers help women meet their social and health needs to support healthy pregnancies, healthy babies, and positive early parenting experiences. Healthy Start is up for re-authorization this year. HR5369 to extend funding through 2022 was submitted last May.
- **Since 2009, the Division of Violence Prevention (DVP) has received \$8.3 million in federal grants, of which \$6.5 have been from the** Department of Justice (DOJ). These funds will be incredibly vulnerable during a new administration. Most critical to BPHC is the Defending Childhood Initiative, which ends 9/17 unless there is a no cost extension.
- BPHC has been awarded up to \$2.6 million a year for eight years from the **Substance Abuse and Mental Health Services Administration (SAMHSA) for prevention**. This money is used to promote the wellness of young children ages birth to 8 by addressing the physical, social, emotional, cognitive, and behavioral aspects of their development. The funding comes from two different streams within SAMHSA: Child Mental Health Initiative and Linking Actions for Unmet Needs in Children's Health (LAUNCH).

Community Initiatives

- **Federal support directly and through programming** has proven vitally important on key environmental and chronic disease prevention and control efforts. It is also critical to note that we rely on several key federal agencies including the CDC, Department of Housing and Urban Development (HUD) and Environmental Protection Agency (EPA) for policy and program development, best practices and broader-based initiatives to improve health particularly of those most vulnerable.
 - **Racial and Ethnic Approaches to Community Health (REACH):** This programming through CDC is currently slated for a 40% decrease in next year's budget, with funding cut from \$50.95 million to \$30 million in a final FY 2017 Labor, Health and Human Services, Education and Related

Agencies Appropriations bill. REACH is the only nationally funded program tackling racial and ethnic health disparities. FY17 is a critical time for REACH as it is scheduled to begin a new three-year grant cycle.

- **Partnerships to Improve Community Health (PICH):** Funding for this program also comes through the CDC and used to address tobacco use, poor nutrition, and physical inactivity. BPHC has requested to carry forward \$100K from Year 2 (ending 9/30/16), which may or may not be approved based on available funds. A number of the grant subcontracts underspent so that money will be able to be used to promote other community initiatives like bicycling and supporting activities within the Boston Public Schools.
- **Supplemental Nutrition Assistance Program (SNAP):** In March 2016, the House Budget Committee proposal for FY17 included cuts of 20% over 10 years and proposed converting the program to state block grants beginning in 2021. The rationale for this proposal is that SNAP enrollment has declined somewhat; yet in Massachusetts, there are an estimated 500,000 households potentially eligible for SNAP that are not currently enrolled.
- **Food Insecurity Nutrition Incentive (FINI):** Through a competitive RFA process, USDA provided grants across the nation to 30 grantees, including to the MA Department of Transitional Assistance (DTA) to create financial incentives for SNAP beneficiaries to purchase fruits and vegetables by giving them additional SNAP dollars. MA DTA is planning to launch its program in 2017 at farmers' markets, mobile markets, and several other settings that sell Massachusetts local produce. This funding was authorized by the 2014 Farm bill.
- **Re-authorization of school breakfast and lunch program:** The 2016 House Child Nutrition Reauthorization bill (H.R. 5003.) seeks to reauthorize the school meals program and replaces the Healthy and Hunger-free Kids Act of 2010. It proposes to pilot block-granting school meals program in 3 states, the beginning of an effort to devolve this down to states. This poses challenges because the awards would be capped and states would be allowed to set their own standards for what it 'healthy'.

Emergency Medical Services

- In FY15, **Medicare (46.7%) and Medicaid (27.7%) comprised 74.4% of the Boston EMS' billing activity.** As it stands, CMS only pays a fraction of the fee for service that is charged for ambulance transports. Any future cuts or reductions to CMS payments will lead to a twofold deficit for Boston EMS. Moreover, changes that may lead to an increase in the rate of denied claims will also have a detrimental effect on Boston EMS. Billing collections accounts for 2/3 of Boston EMS' operational budget.
- In the Post- 9/11 era, **Boston EMS has been awarded millions of dollars in Department of Homeland Security grant funds**, the most noteworthy, Urban Area Security Initiatives (UASI). UASI funds have served as the foundation for enhancing mass casualty planning and associated training efforts. With the assistance of grant funding, Boston EMS has led the region in standardizing response plans, equipping regional EMS providers with the necessary equipment to effectively prepare, respond to, and recover from acts of terrorism and mass casualty incidents. Significant reductions in federal grant funding will eliminate such initiatives and hinder future advancements in emergency preparedness.

Homeless Services

- Housing, long term sustainability of housing and addressing issues of discharge planning are the most pressing issues BPHC faces. We are working tirelessly to fulfill the Mayor's commitment to end Veterans and Chronic Homelessness, thus decreasing reliance on the emergency shelter system but there is still vital work to be done. The only way to do that is with a **combination of subsidized housing from HUD and supportive services dollars. Homeless Services receives around \$1.7 million.**
- Currently the **supportive service dollars are coming from either HUD, SAMHSA, DOJ or billing insurance agencies.** Many of these chronic clients rely on mainstream benefits for income so any threats to entitlements will also have a huge effect on our ability to help our clients sustain housing. Funding for referrals, behavioral health programs and workforce development which will help clients be more self sufficient and not in need of long term support. **Housing our chronic homeless has proven to save the entire system money.**
- **HUD implementation of the HEARTH ACT has resulted in Service Only and Transitional Housing Programs being cut,** even though very successful for long term self sufficiency, with no other agencies picking up the responsibility of funding these services.

Infectious Disease

- The HIV/AIDS Division administers Ryan White funds and is responsible for submitting a competitive annual grant application, allocating dollars to contracted providers in a timely fashion, and monitoring programmatic and fiscal performance of those providers. Specific activities performed as part of this grant include agency monitoring including site visits, quality management initiatives, contract performance tracking, and fiscal monitoring. The Division also houses the HIV Dental Ombudsperson Program, a dental service reimbursement program that recruits dental practitioners to provide no-cost services to people living with HIV/AIDS. The uncertainty about continued federal funding is a major threat as **BPHC currently receives over \$15 million for the FY2016 Ryan White Part A award.**

Recovery Services

- All Bureau of Recovery Services programming requires continued federal support to the state, which in turn funds prevention, residential, and outpatient programming. The majority of our programs are funded by state funds, federal funds, or MassHealth reimbursement. We use City of Boston funds to enhance these services, **but the services could not exist without level funding from the federal government.**
- Our harm reduction programs **rely on federal funds from Health Resources and Services Administration (HRSA)** that pass through the Massachusetts Department of Public Health (MDPH) Office of HIV/AIDS. Without level-funding to the state, our harm reduction and overdose prevention programs would be seriously impacted. The Obama administration lifted the ban on federal funding for needle exchange programming and we do not want to see those efforts reversed with the new administration.

- We currently have a **SAMHSA grant** funding our peer-led recovery center and Wellness program. We are hopeful that continuation funding will be available next year to continue these services, and if not, state funds would be needed to fill the gap.

- **Substance Abuse Prevention and Treatment (SAPT) Block Grant funds from SAMHSA** support the following City of Boston BRS services:
 - Prevention - all community prevention activities
 - Entre Familia - bi-lingual/bi-cultural family treatment program for women with substance use disorders (SUD) and their children
 - Wyman Re-entry - re-entry residential program for men in recovery from SUD
 - Addicts Health Opportunity Prevention Education (AHOPE) - outreach, opioid overdose training, Naloxone distribution